

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005941

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 53

## 1. PLACE OF DEATH

a. COUNTY Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Washington

Length of stay in 1b  
3 wks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY Franklin

c. CITY OR TOWN St. Clair

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
415 E. North St.,

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
Harry Cleveland Lack

4. DATE OF DEATH Month Day Year  
March 1, 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
7/25/84

9. AGE (last birthday)  
78

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer, Retired

10b. KIND OF BUSINESS OR INDUSTRY  
Gen'l Farming

11. BIRTHPLACE (City and state or country)  
Boles, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Luther Lack

## 13b. MOTHER'S MAIDEN NAME

Mary Jones

## 14. NAME OF HUSBAND OR WIFE

Pauline

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or date)  
No

16. SOCIAL SECURITY NO.  
892

17. INFORMANT  
Pauline Lack

Address  
St. Clair, Mo.

## 18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

*Branchio pneumonia*  
*Cardiac decompensation*  
*Arteriosclerotic heart disease*

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 26, 1963 to Mar 1, 1963 and last saw him alive on Mar 1, 1963  
Death occurred at 3:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

*Lee B. Deitelmo* (Degree or title)

## 22b. ADDRESS

*Union, Mo.*

## 22c. DATE SIGNED

*Mar 2, 1963* (State)

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

## 23b. DATE

*3/4/63*

23c. NAME OF CEMETERY OR CREMATORY  
*Mt. Zion Cemetery*

23d. LOCATION (City, town, or county)  
*St. Clair, Mo.*

## 24. FUNERAL DIRECTOR

ADDRESS

*Casey-Lenox F.H. St. Clair, Mo.*

## 25. DATE RECD. BY LOCAL REG.

*3/5/63*

## 26. REGISTRAR'S SIGNATURE

*Leola C. Fichtmann*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

3  
4 0  
5 1  
6  
7 0  
8 2  
9 4200  
10  
11  
12 2-0  
13 5-0

FILED MAR 11 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed B. M. Erux

Licensed Embalmer No. 3601

P. O. Address St. Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.